

For Official Use Only

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

<sup>E</sup> AUG 22 2005

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Person Filing **JAMES R. PALMORE**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Painters Local 47**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6501 Massachusetts Ave**City **Indianapolis**State **IN** ZIP Code + 4 **46226**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 47 Training Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6501 Massachusetts Ave**City **Indianapolis**State **IN** ZIP Code + 4 **46226**

11.a. Nature of such dealing.

**Common Membership training**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**Salary for training membership**

12.b. Amount.

**\$6854.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

**0**

August 15, 2005

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

**RE: Form LM-30 (1/1/04 – 12/31/04)**

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "James R. Palmore".

James R. Palmore  
Trustee for Painters Local 47 and  
Painters Local 47 Training Fund Instructor

CERTIFIED MAIL # 7003 0500 0000 2781 7392